## **Portable Electronic Device** Reimbursement Claim Form.



## IMPORTANT INFORMATION

Please sign and date this form. Incomplete claim forms will be returned to you. Please allow approximately 3 working days from Paywise's receipt of your claim form for it to be processed. Claim forms received after 4pm WST will be deemed received on the following business day.

1. Personal Details						
Account Number:	Home Phone:					
First Name:	Work Phone:					
Surname:	Mobile Number:					
Employer		Email Address:				
2. Claim Details						
You can only claim one benefit on this form. Claims made for	or multiple bene	efits will not be processed.				
Laptop Tablet Mobile Phone						
Please enter the TOTAL value of the receipts attached to this claim relating to the benefit above: \$ (Including						(Including GST)
3. Reimbursement Details (Paywise to reimburse	this benefit t	to my reimbursement acc	oun	t)		
I have previously provided my reimbursement account de	etails to Pavwise	3.				
My reimbursement account details are:	Account Number:					
I wish to change my reimbursement account details to: BSB:			Account Number:			
4. Deductions						
Please nominate the number of pay periods you would like	this claim dedu	cted from your pretax salary.				
Number of Day periods:						
Number of Pay periods:						
5. Declaration						
Please read and sign the declaration below:						
I hereby declare that the attached tax invoices/receipts are not been claimed elsewhere. To substantiate my claim, I ha expenses were provided to me on behalf of my employer a full payment cannot be made by Paywise if there are insuff	ave attached the and were 100%	e appropriate tax invoices and attributable to my assessable	rece	eipts to this form me where appli	. I decla	re that these
I have supplied the appropriate tax invoice/s and rece	eipt/s for this cla	im, please pay/reimburse acco	ordin	gly.		
I understand only the following laptop related items can bupgrades; mouse and portable printer.	e salary package	ed: laptop and carry bag, pre-inst	talled	work related sof	tware; int	ernal
I declare that this portable electronic device will be used	primarily for work	related purposes to be eligible f	or sa	lary packaging.		
Signature: Pri	nt Name:			Date:	/	/

Perth WA 6000